PART B - FEE(S) TRANSMITTAL

AUG 2 1 2007		her with applicable	or <u>Fax</u>	Commissioner for P.O. Box 1450 Alexandria, Virgi (571)-273-2885	· Patents nia 22313-1450	·	
INSTRUCTIONS: This appropriate. All fibring indicated AMESS correct maintenance fee notifica	form should be used a correspondence including debelow or directed out tions.	for transmitting the ISSUng the Patent, advance of nerwise in Block 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new c	CATION FEE (if requi- of maintenance fees we correspondence address;	red). Blocks 1 through 5 s ill be mailed to the current and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
		ock 1 for any change of address)		Note: A certificate of a	mailing can only be used for secrificate cannot be used paper, such as an assignment of mailing or transmission.	or domestic mailings of the	
DAVIS & BUJ 112 PLEASANT CONCORD, NF	IOLD, P.L.L.C. I STREET	/2007		Cert	tificate of Mailing or Trans s Fee(s) Transmittal is bein ith sufficient postage for fir Stop ISSUE FEE address TO (571) 273-2885, on the o	smission	
				Michael	By JOLD	(Depositor's name) (Signature)	
					16, 2007	(Date)	
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED INVEN	1 2 2 2 2 2 2	ATTOKNEY DOCKET NO.	CONFIRMATION NO.	
10/807,649 TITLE OF INVENTION	03/24/2004 I: POWERSPLIT LAYS	HAFT TRANSMISSION	Gerhard Gumpoltsbo WITH BEARING PL	LATE FOR SUPPORT C	ZAHFRI P621US OF RADIAL FORCE 007 EHAILE2 00000004	3912 19807649	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE PREV. PALDES VE	TEE TOTAL FEE(S) DUE	1400 00 UP 300 00 UP	
nonprovisional	NO	\$1400	\$300	. \$0	\$1700	10/31/2007	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	S			
LEWIS, TISHA D 3681		475-214000	J				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The contraction of "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	I THE PATENT (print o	or type)			
(A) NAME OF ASSIGNEE			e data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
ZF Friedri	chshafen AG		D-88038 Fri	edrichshafen	GERMANY		
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual ☑ Co	rporation or other private gr	oup entity Government	
4a. The following fee(s) Issue Fee Publication Fee (N	No small entity discount p		A check is enclosed. Payment by cred	sed. it card. Form PTO-2038	ge the required fee(s), any de	,	
5. Change in Entity Sta	•					• •	
	s SMALL ENTITY stated				L ENTITY status. See 37 C stered attorney or agent; or t		
Authorized Signature		tes Patent and Trademark	Office.	Date	16 August 200		
Typed or printed nam	24.	chael J. BUJON		Registration N	00 010	,	
			on is required to obtain 1.14. This collection depending upon the		ne public which is to file (an ninutes to complete, includi mments on the amount of ti	d by the USPTO to processing gathering, preparing, and	

Inis collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (12-97)
Approved for use through 9/30/00. OMB 0651-0032

Aug 9 Winder the apperwork Reduction Act of 1995,	no persons are required to respond to		rademark Office: U.S. DEPARTMENT OF COMMERCE rmation unless it displays a valid OMB control number					
6 VE	Application Number	10/807,649						
ANSMITTAL	Filing Date	March 24, 2004						
FORM	First Named Inventor Gerhard GU		IMPOLTSBERGER et al.					
(to be used for all correspondence after initial filing)	Group Art Unit	3681						
	Examiner Name Tisha D. LEWIS		WIS					
Total No. of Pages in this Submission: 4	Attorney Docket Number	ZAHFRI P621US						
ENCLOSURES (check all that apply)								
■ Fee Transmittal Form [2] ■ Fee attached + Check \$1,700 □ Amendment/Response	 ☐ Assignment papers (for an Application) ☐ Drawing(s) ☐ Licensing-related Papers ☐ Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) ☐ To Convert a Provisional Petition 		 □ After Allowance Communication to Group □ Appeal Communication to Board of Appeals and Interferences □ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) □ Proprietary Information □ Status Letter 					
☐ After Final ☐ Affidavits/declaration(s)								
☐ Extension of Time Request (in Duplicate)								
□ Express Abandonment Request □ Information Disclosure Statement □ Certified Copy of Priority Document(s) □ Response to Missing Part/s Incomplete Application □ Response to Missing Parts under 37 CFR 1.52 or 1.53 REMARKS	 □ Power of Attorney, Revocation Change of Correspondence Address □ Terminal Disclaimer □ Small Entity Statement □ Request for Refund 		■ Additional Enclosure(s) (please identify below): Postcard "Fee Address" Indication Form [1]					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm or Individual Name Michael J. BUJOLD ReDAVIS BUJOLD & DANIELS, FLL.L.C. CUSTOMER								
Signature July Sado								
Date August 16, 2007								
CERTIFICATE OF MAILING								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 16, 2007.								
Type or printed name Michael J. BUJOLD								
Signature Date: August 16, 2007 (Ifb)								